ASSIG	<u>ENMENT</u>
From; Date:	Veh No: SHB 2993R Yr Regn: 6 Ay , 2019
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tai / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Huder Zonig 0.0 1580
5910 Y-30 - 11	Colour Yellon A/C: Insided / Std / NI / NA
of	Sp.Reading 5 4 6 T/Radio: Insued / Std / NI / NA
Insured: Ym 888R	Eng/No:
Policy No.	CINO: KAHEBSIC UKU1 65087
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inor of Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / ST J/Rim or
	Tyre Size; F: 195/65/105
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / NO OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No.	L/Bal. 9 mm L/Bal. 9 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 6/8/19 D.O.I. 7/8/19
Lum Sum: % 3 Val.: Yes or No	Survey held at \(\mathcal{VGE} \left(\mathcal{Lo} \times \varepsilon_{\text{survey}} \right) \)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction SHB 3993R- (S FQ 1803)7744 kg.	1342 DOA-15/12/2018 Tokio
	Tokio P4
8/8/19 10-13 am Send e-mail to	0 . 1 500 .000
14/8/19 Calme PIP \$ 666.68/ =	Pri.
(\$429. 84 Red - 39%	, ,
•	2010
REC	CEIVED 1 9 AUG 2019
	8 9
Date/Time, File Pass jo? : Prell. Report	Days Of Repair: 2
19/08/19 : Final Report	Resurvey No. of Trip: Survey Fee: 790
Date/Time, File Return to?	Transportation:
2 4dd F	96: SHa INRU 8 L_8+P8_9

\$ 666.68 P/P

Yvonne Wong (LKK Auto)

From:

Yvonne Wong (LKK Auto)

Sent:

Thursday, August 08, 2019 10:13 AM

To:

motorclaims@tokiomarine.com.sg

Cc: Subject: SUR
DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE

LTD, DOA: 06/08/2019, SHB2993R (TP VEHICLE), YM888R (OI VEHICLE)

Attachments:

ESTIMATE FOR SHB2993R.pdf; GIA REPORT FOR SHB 2993R.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 2993R at M/s: COMFORTDELGRO ENGINEERING PTE LTD,59 LOYANG DRIVE SINGAPORE 508969 on 07/08/2019.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: yvonnewong@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



REGN NO. SHB2993R

HYUNDAI

YR OF MANUL. 08.2019

IONIQ(G2)

CHASSIS CODE KMHC851CVKU165087

Team:

ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

MAKE:

MODEL

JC NO: 305323215

....1/2.....

07.08.2019 09:00

COMPLETION DATE/TIME:

TARGET DATE

MILEAGE

FUEL

STOMER

MS.

_ (B)

CITYCAB PTE LTD

7010070

STOMER NO. 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(P)

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.08.2019

NATURE: 3P 06.08.2019

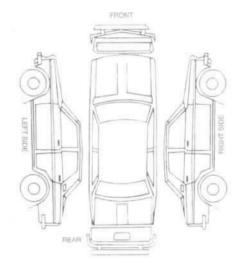
S/NO

a of Service Advisor

returned to Service Reception upon collection

LABOR CODE

DESCRIPTION



Date

ECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
owledgement Slip	Exit Pass
o.: o.: le No.: SHB2993R CHIANG	Vehicle No.: SHB2993R

Name of Service Advisor To be kept by Security Guard

Signature/Date

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/08/2019 11:31
Date Of Accident	06/08/2019 13:00
Exact Location Of Accident	B.BATOK ESAT AVE 6 TWDS JUR.KECHIL X EAST AVE 3
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB2993R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	KOH BOK ENG
NRIC No	S1747209G
Date Of Birth	27/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91379347
Fax Number	
Contact Number	
	VOUDESCOVALIOS CON CO

KOHBE88@YAHOO.COM.SG

Address

BLK 192 PUNGGOL CENTRAL #15-321

Postcode

820192

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - TAXI DRIVER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

: -

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

BUKIT BATOK NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YM888R

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

LEE THIAN KANG

NRIC/Passport Number

Contact Number

F7475216X

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

TOKIO MARINE INSURANCE SINGAPORE LTD NOT SURE

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CO. REG. NO. 199502£39G

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC ShetchPlanForm_V3

dir. d

24-1

SKETCH PLAN	
ENST 1	De g.
(A) SHB sags	
B) YM 8881	
13/11/1/19/01	
Θ	
DESCRIBE CIRCUMSTANCES	F THE ACCIDENT
	The state of the s
	Fl. Refer to Witness
	TI. Refer to Witness
	Parli (A)
	Reporti. (Annex A)
	is attach. Mr
	M ^o
CLARATION	
Ve declare the foregoing particul	ors are true in every respect.
CITYCAB PTE LTD D. REG. NO. 199502£39G	N 7 7 7 8
	W. W James 1/01
licyholder's Signature te & Time:	Driver's Signature Reporting Centre Personnel's Signature
and the same	(If driver is not the policyholder) Date & Time: NRIC/FIN No.:

GIARMC StetchPlanForm_V3

Annex D

NOTICE OF REPORTING

a Koh.

This is to confirm that Kok Bok Eng, S1747209G has reported to the Police a traffic accident which occurred on 06/08/2019 at about 1300 hrs along Bukit Batok East Ave 6 at the extreme right lane before turning right to Bukit Batok East Ave 3. The accident had happened as the lorry had rolled back despite I had tried to horn him, the lorry collided onto my vehicle. My passenger who is in my vehicle, had witnessed the accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

Involving the following vehicles:

V1) SHB2993R, (Driver: Koh Bok Eng, HP: 91379347) V2) YM888R, (Driver: Lee Thian Kang, F7475216X)

Witness/Passenger: Mr Ang HP: 98586854

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSSgt T120279 Yue Shunxiang

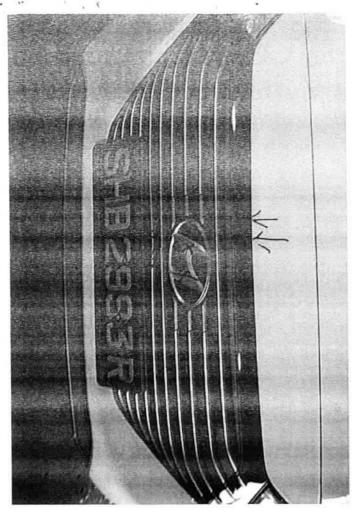
Date: 06/08/2019

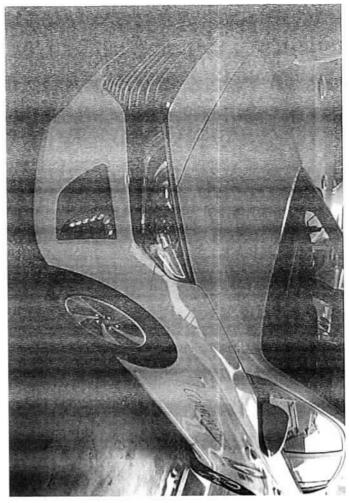
Time: 1658hrs

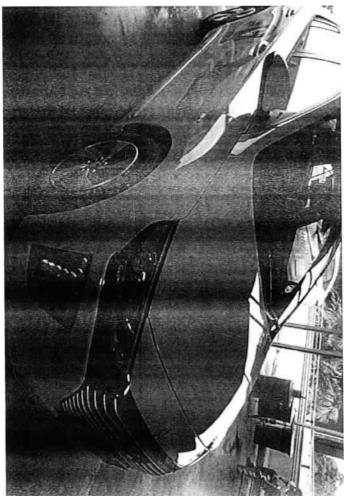
BUKII BATUK NEC 40.21 BUKIT BATOK EAST AVE

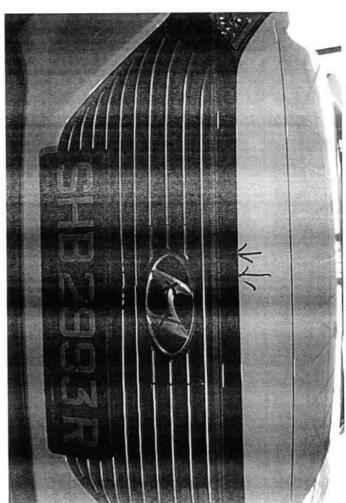
S/D Ref: 138

Police Post/Unit: Bukit Batok NPCTEL : 66659990









ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive Singapore 508969 Tel: 6214 8300

TP INSURER:

Tokio Marine Insurance Singapore Ltd (HQ)

CCPL

Singapore

PARTICULARS OF C	LAIM		
Claim Type: Policy No:	THIRD PARTY	Ref. No: Date of Loss:	06/08/2019
Vehicle Reg. No.:	SHB2993R	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	06/08/2019
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEKU299277	Chassis No:	KMHC851CVKU165087
Odometer:	549 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEER	RING PTE LTD (LOYA	NG)

COST OF CLAIMS		Amount
Parts		673.84
Miscellaneous Items		11.00
Labour		700.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	1,384.84
	+ GST 7.00% (S\$)	96.94
	Nett Amount (S\$)	1,481.78

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR	DETAILS	
Referen	ce	
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 07 Aug 2019)
Parts:	192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	ComfortDelC	6ro Engineering Pte Ltd/SHB2993R/07/08/2019 14:56
Validity:		ites are valid only if they contain the print code (above) on all estimate pages, running page the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values	not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*RADIATOR GRIILE	20.00	0.00	*282.10 FL	CYO
2	1		*FRONT BUMPER	20.00	0.00	*451.30 FL	R
3	1		*FRONT BUMPER BRACKET TOP LH /RH	20.00	0.00	*22.40 FL	SVL
4	1		*FRONT BUMPER BRACKET LH /RH	20.00	0.00	*20.10 FL	SVL
5	1		*FRONT BUMPER RETAINER LH /RH	20.00	0.00	*9.20 FL	
6	1		*FRONT BUMPER CLIPS	20.00	0.00	*2.20 FL	
7	1		*FRONT NUMBER PLATE	20.00	0.00	*25.00 FL	SVL
8	1		*FRONT NUMBER PLATE TRIM	20.00	0.00	*30.00 FL	
F=Fra	anchise	part. L=ListIter	mDisc.				_
			Sub Total (S\$)			842.30	
			- List Item Discount on L Items (S\$)			168.46	-
			Total Parts (S\$)			673.84	

ComfortDelGro Engineering Pte Ltd/SHB2993R/07/08/2019 14:56. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars		Amount
Mis	cella	neous Items		
1	1	OD/TP Case (Insurer)		11.00 /
			Sub Total (S\$)	11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Lab	our Items		
1	PANEL BEATING	New	400.00 200
2	SPRAY PAINT	New	300.00 200
		Gross Labour Cost (S\$)	700.00

ComfortDelGro Engineering Pte Ltd/SHB2993R/07/08/2019 14:56. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHB 2993R (CC)

DATE 7/8/2019 14:06 - Toleno

MAKE

MODEL

· HVINDAI SONATA

IODEL	: HYUNDAI SONATA			_	
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille /			\$	282.10
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$	44.80
	Front Bumper Bracket (LH/RH) × 5		\$ 20.10	\$	40.20
	Front Bumper Side Bracket		\$ 14.30	\$	28.60
	Front Bumper Retainer Mounting			\$	9.20
	Front Bumper Clips 10 pcs × 23			\$	22.00
	Front Brage & report				
	SUB TOTAL			\$	426.90
	LESS 20%			\$	85.38
	DISCOUNTED TOTAL			\$	341.52
	Front Number Plate			\$	25.00
				\$	DICHATATATA
	Front No Plate Trim Cover - 4			3	30.00
	TOTAL			\$	55.00
	Labour Charge				200/
	Panel Beating			\$	400.00
	Spray Painting Charge		ce notify	\$	300.00
	Merimen Fee	15,00	.hgt	1	1 200
	parities pa	507	painting of resurvey	7	"-
		air			
		0	the indice basis		
	A Section 1		and and		
	• NO	= 17	n re-ware Company		
	1. 1. 16/1/e/ 15 SHOPE	that Wills	1	ıl.	
	Ka/m²	ed by Repair	1	-	=00.00
	TOTAL LABOUR			S	700.00
	7/8/19 15 10 m. Date:				
	ESTIMATE TOTAL			\$	1,096.52
	217				
	PP				
	all Park ofth				
	1/8/19 15 10th. TOTAL LABOUR Signature. 2/9/1 ESTIMATE TOTAL PP Athe Report plate.				
	This is an initial estimate based on a visual inspection of the	ne above vo	ehicle. The final repair of	quantu	m will
	be prepared after the vehicle is surveyed by a motor Survey				
	The second secon				

COMFORTDELGRO ENGINEERING

Our Job Ref No : _ 305323215 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 13/08/19 Date Fax: 6546 8156 FINALIZATION FORM LKK Fax: KALVIN Attn : 06/08/19 Vehicle Reg No. : SHB2993R The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-TOKIO YM888R Z The repair job shall bill to: 2. The finalized amount shall be: Spare Parts after List discount \$225.68 (a) Labour Charges \$441.00 Total for Part-By-Part Repair Cost \$666.68 Lumpsum Repair (if applicable) (C.) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost 2 working days. 3. Estimated normal period for repairs: 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days 5. Thank you for your assistance. We confirm the estimates and finalized amount Signature: Signature: Name : CHIANG Name Tel : 62148314 Date Fax : 65468156 For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No YES Rental Rate P/Day Loss of Income Paid N 3. Survey Fees 4. LTA Search Fee 7.49 5. Medical Fees (on behalf of driver, if applicable) Overrun

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.08.2019 Time: 14:39:34

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO

: 305323215

REGN NO

: SHB2993R

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: IONIQ(G2)

DATE OF REGN

: 06.08.2019

DATE/TIME IN

: 07.08.2019 09:00

ACCIDENT DATE : 06.08.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2164-G IONIQVC GRILLE ASSY-RADIA 1 282.10 20.00 225.68

SUB-TOTAL : 225.68

JOB NATURE

0000 20-05

NO PLATE TRIM COVER

30.00

0001 L

MERIMEN FEE

11.00

0002 PB

PANEL BEATING

200.00

200.00

0003 SP

SPRAYPAINT CHARGE

SUB-TOTAL: 441.00

TOTAL : 666.68

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

...CLAIM SUBFOLDER...(Pending for Survey Report)

AIM SUB	FOLDER TRACK	ING					To a second	
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submit	ted Ins Auth'e	-	
Main	07 Aug 2019 14:48 Sendback Est	07 Aug 2019 14:56 \$\$1,384.84	08 Aug 2019 10:56 Edit Adj Rpt	S\$666.68 Edit Estimates	S\$666.68 View Rpt	4	Report Cancel C	for Survey
	Main	Refer	ence	Claim Deta	ils	Documen	ts	Show All
CLAIM SU	BFOLDER DETA	ILS						
Insured:	ARINA HOGA	N BUILDERS, C	o. Reg. No.: 41823	3400X				
Main Claimant:	CCPL							
Vehicle Reg No.:	SHB2993R	SHB2993R Date of Loss: 06/08/2019 13:00 - :59 [0 Days From LTA Reg Date (Man Yr)]						
Claim Type	TP / M1906	TP / M1906009 Policy/Cover Note No.: MG000464 (Comprehensive) Coverage: 01/11/2018 - 31/10/2019						
Vehicle Reg No. (Insured):	YM888R Policy No. (Claimant):							
				Excess:	S\$2,500	.00		
Repairer:	ComfortDelG	iro Engineering P	te Ltd (Loyang)	59 Loyang Drive, 5	08969 Loyang	- Tel: 6214 8300		
Handling Insurer:	Tokio Marine	Insurance Singa	pore Ltd (HQ) -	Tel: 6221 6111	[Handled by H	lo Teng Boon Eliz	a]	
Adjuster:	21/08/2019		(HQ) - Tel: 6256	-3561 [Handled	by KALVIN A	NG WEI KUN]	[Final Rpt due	<u>}</u>
ASSOCIAT	ED MAIL RECE	IVED				V	iew All Compo	e Case Mail
There are n	o mail for this cas	se.						
ALL ASSO	CIATED TASKS	8			View All	Search Tasks	Create New Task	Complete
Due Date	e Priority	Type Task Gro	oup Subject	Handler As	signed By	Completed Or		

Claim Documents

SHB2993R (M1906009)

[YM888R]

TP

CCPL

Aug 6 2019 1:00PM

[ARINA HOGAN BUILDERS]

ComfortDelGro Engineering Pte Ltd

_		oload Photos Compose New Letter		View in Brows	
Ass	essment Reports		1 per		✓
No	Finalized On	ComfortDelGro Engineering Pte Ltd (Loyang)		Thumbnail	Prin
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Documents Checklist

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There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Repairer Handling Insurer Note: Remarks are private unless you show it to other parties.	

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CC3/TMI19013895/K1SF3E2

Date:

20/08/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MG000464

Claimant Vehicle

SHB2993R

Insured Vehicle No:

YM888R

No: Date of Loss:

06/08/2019

Nature of Claim:

TP

Claim No: M1906009

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHB2993R

Make & Model:

HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Engine No:

G4LEKU299277

Reg. Date:

06/08/2019 (Man. Year: 2019)

Chassis No:

KMHC851CVKU165087

Colour:

Yellow

Odometer:

546 km

Engine Capacity:

1580 cc

Market Value/New Car Price: N/A Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable): Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes Good

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195/65 R15

Yes

Rear Tyre Size:

No

195/65 R15

Front Left Side:

Michelin 9 mm

Rear Left Side: Rear Right Side:

Michelin 9 mm Michelin 9 mm

Front Right Side: Michelin 9 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	673.84	255.68	418.16	62.06
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	700.00	400.00	300.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,384.84	666.68	718.16	51.86
+ GST 7.00/7.00% (S\$)	96.94	46.67	50.27	51.86
Nett Amount (S\$)	1,481.78	713.35	768.43	51.86

INSPECTION

Date of Assignment:

08/08/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

07/08/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager:

Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Referen	ce	
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 20 Aug 2019)
Parts:	192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted	, no print-code for SHB2993R)
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running numbers with the END OF ESTIMATES marker on the last estimate page		
Further Info	Items/values	not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RADIATOR GRIILE	Cracked	282.10 FL	*282.10 FL
2	1		*FRONT BUMPER	Repair	451.30 FL	*-FL
3	1		*FRONT BUMPER BRACKET TOP LH /RH	Serviceable	22.40 FL	*-FL
4	1		*FRONT BUMPER BRACKET LH /RH	Serviceable	20.10 FL	*-FL
5	1		*FRONT BUMPER RETAINER LH /RH	Serviceable	9.20 FL	*- FL
6	1		*FRONT BUMPER CLIPS	Not Necessary	2.20 FL	*-FL
7	1		*FRONT NUMBER PLATE	Serviceable	25.00 FL	*-FS
8	1		*FRONT NUMBER PLATE TRIM	Cut	30.00 FL	*30.00 FS
F=Fra	anchise	part. S=SpcN	Nett. L=ListItemDisc List Item Discount on L Items	Sub Total (S\$) s 20.00/20.00% (S\$)	842.30 168.46	312.10 56.42
				Total Parts (S\$)	673.84	255.68

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Recommended	Miscellaneous	Itame
Recommended	iviiscellaneous	nems

No	Qty	Particulars		Repairer's	Amount
Misc	ellan	eous Items			
1	1	OD/TP Case (Insure	r)	11.00	11.00
			Sub Total (S\$)	11.00	11.00
Re	con	nmended Labo	our		
No	Part	ticulars	Lab.Type	Repairer's	Amount
Lab	our It	ems			
1	PAN	IEL BEATING	New	400.00	200.00
2	SPR	RAY PAINT	New	300.00	200.00
			Gross Labour Cost (S\$)	700.00	400.00
			Report was unsubmitted during this print-out.		

< END OF ESTIMATES >